

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # S39902

1. Entity Name
MCNEASE & ASSOCIATES, INC.



Principal Place of Business
MCNEASE & ASSOCIATES, INC.
6100-D W FAIRFIELD DR
PENSACOLA, FL 32506 US

Mailing Address
P. O. BOX 36397
PENSACOLA, FL 32516 US

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3061145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNEASE, MILTON
6100-D W FAIRFIELD DR
PENSACOLA, FL 32506

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEASE, MILTON P. 6100-D W FAIRFIELD DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCNEASE, DIANE 6100-D W FAIRFIELD DR PENSACOLA, FL 32506
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05/20/08-80006-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane McNease*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08
Date

850-453-0088
Daytime Phone #